

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 99500

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99500 Office of Registrar of Vital Statistics. Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Levin C. Camper
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 70 Yrs Years, 2 months Months, Days.
Color, Black
Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married
Occupation, Oyster Shucker
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Maryland
Duration of Residence in the City of Baltimore, Sixty Years
Place of Death, { Give Street and Number. } 419 S. Burchard
Cause of Death, { First (Primary), Rheumatic Gout
Second (Immediate), Exhaustion
Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery
Date of Burial, April 27-1887
{ Undertaker, W. Madden } William S. Cathell M. D. Medical Attendant.
{ Place of Business, 46 East St } Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99501 Office of Registrar of Vital Statistics.

Ward 4^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 27th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Beck

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 1 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 105 Gounby St.

Cause of Death, { First (Primary), Second (Immediate), } S. Osseus

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Schurts Cemetery

Date of Burial, April 28th 87

Undertaker, W. L. Apple

Place of Business,

Address,

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

L. J. Fitzpatrick Sanitary Inspector

No. 79502

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

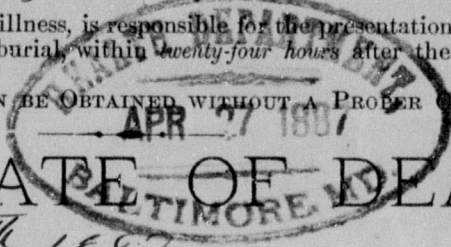
Health Department, City of Baltimore.

Permit No. 99502 Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 26th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } David J. Moylan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence, in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 552 Wilson St.

Cause of Death, { First (Primary), Phthisis Pulmonalis }
{ Second (Immediate), Exhaustion }

Duration of Last Sickness, 4 mo.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 28th 1887.

{ Undertaker, Martin Fahy } Frank J. Flannery M. D.

Medical Attendant.

{ Place of Business, 606 N. Howard St. Address, 1701 Dr. Hill Ave. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99503 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mariana Skladowska

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, 4 Months, 18 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Russia

Duration of Residence in the City of Baltimore, 3 wks.

Place of Death, { Give Street and Number. } 113 Camden St.

Cause of Death, { First (Primary), Second (Immediate), } Broncho-pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Swedish Home Cemetery

Date of Burial, April 27

Undertaker, Evans + Spencer { Frederick M. D. Medical Attendant.

Place of Business, 1000 E. Bath St. Address, 412 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 795024

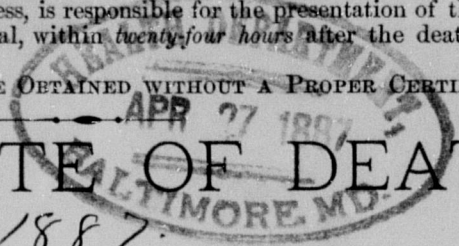
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99504 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 27th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female.

Age, _____ Years, one Months, _____ Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincents Hospital

Cause of Death, { First (Primary), Marasmus
Second (Immediate), Ex

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New North Cemetery

Date of Burial, April 28, 1887

Undertaker, John Masterson F. J. Flannery M. D. Medical Attendant.

Place of Business, Division St. Address, 1701 St. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99505

Office of Registrar of Vital Statistics.

Ward 19^e

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 27 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wagner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 78 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower ✓

Occupation, Ship builder

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } Apartment Home, Calhoun Lexington St.

Cause of Death, { First, (Primary,) Valv Disease of Heart }
{ Second, (Immediate,) }

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 28 1887

Undertaker, W. A. Saper Atty.

Place of Business, 209 S. Broadway } Address, 101 Franklin St

Medical Attendant, Robt. N. Johnson M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99506 Office of Registrar of Vital Statistics. Ward 12⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. A. Sauerland.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 86 Years, 6 Months, Days.

Color, white

~~Married, Single, Widow~~ Widower, { Cross out the words not required in this line. }

Occupation, Retired.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Prussia.

Duration of Residence in the City of Baltimore, 55 yrs.

Place of Death, { Give Street and Number. } 1215 Druid Hill Ave.

Cause of Death, { First (Primary), Second (Immediate), } Old Age.

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Bone Bra

Date of Burial, April 28

Undertaker, C. D. Donovan M. D.

Medical Attendant.

Place of Business, 1135 Pen Ave Address, 1311 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

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Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99507 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Abraham Clary

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 Years, 6 Months, Days.

Color, W.

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } North Carolina

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give Street and Number. } 304 New, # Oppetman St. Lungs.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia following Coughing

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 28th 1887

Undertaker, Geo. W. Morris M. D.

Medical Attendant.

Place of Business, #738 N. Euter Address, 1501 Presbiterian

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11.30 A.M. 27th April, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Thomas Matthews

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, Sixty-three Years, Seven Months, Twenty six Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Married

Occupation, He was formerly a Merchant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore County, Maryland

Duration of Residence in the City of Baltimore, about 21 years

Place of Death, { Give street and number } 5743 N. Laureate St - Baltimore

Cause of Death, { First, (Primary.) } Acute Mania - Insanity
{ Second, (Immediate.) } Exhaustion - 2 weeks

Duration of last Sickness, about 11 or 12 days

Place of Burial, London Park

Date of Burial, Apr. 29th 1887

{ Undertaker, Wm. Beaver

{ Place of Business, #738 N. Eulaw Address, 817 S. Howard St

Medical Attendant, Wm. J. North M.D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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No. 77509

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99509 Office of Registrar of Vital Statistics. Ward 16th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 26. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas. H. Mason

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, Months, 2 1/2 Days.

Color, Dark

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 1110 Warrick St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 1887

Undertaker, Hercules Ross J. Tyler Smith M. D.

Medical Attendant.

Place of Business, 409 E. Camden St. Address, 540 Baret St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]